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AVENTIS US PAT DEPT

NO. 9512 P. 2

JAN 24 2007

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005487 7590 11/01/2006

ROSS J. OEHLER
SANOFI-AVENTIS U.S. LLC
1041 ROUTE 202-206
MAIL CODE: D303A
BRIDGEWATER, NJ 08807

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<i>Renee McInnis</i>	(Depositor's name)
<i>Renee McInnis</i>	(Signature)
<i>January 24, 2007</i>	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/073,160	02/13/2002	Hartmut Strobel	04734.0003	4730

TITLE OF INVENTION: ACYLATED INDANYL AMINES AND THEIR USE AS PHARMACEUTICALS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	\$1400	02/01/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SAEED, KAMAL A	1626	514-465000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. JOSEPH D. ROSSI
2. ROBERT J. KAJUBI
3. RONALD G. ORT

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SANOFI-AVENTIS DEUTSCHLAND GMBH

FRANKFURT AM MAIN, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Robert KajubiDate January 24, 2007Typed or printed name Robert J. KajubiRegistration No. 55,312

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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

Application Number	10/073,160
Filing Date	February 13, 2002
First Named Inventor	Hartmut STROBEL et al.
Art Unit	1626
Examiner Name	SAEED, Kamal A.
Attorney Docket Number	DEAV2001/0004 US NP

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ENCLOSURES (Check all that apply)																		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;">Issue Fee</div>																
Remarks																		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT <table border="1"> <tr> <td>Firm Name</td> <td colspan="3">sanofi-aventis U.S. LLC</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> </tr> <tr> <td>Printed name</td> <td colspan="3">Robert J. Kajubl</td> </tr> <tr> <td>Date</td> <td>January 24, 2007</td> <td>Reg. No.</td> <td>55,312</td> </tr> </table>			Firm Name	sanofi-aventis U.S. LLC			Signature				Printed name	Robert J. Kajubl			Date	January 24, 2007	Reg. No.	55,312
Firm Name	sanofi-aventis U.S. LLC																	
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Date	January 24, 2007	Reg. No.	55,312															

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Signature	
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Date January 24, 2007

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